

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF EARLANDO SAMUEL, PRO SE		COURT CASE NUMBER 22-CV-02451	
DEFENDANT GREG WARD, MAINTENANCE SUPERVISOR & ASST. PROPERTY MANAGER		TYPE OF PROCESS COMPLAINT	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN INGERMAN - CONCORD POINTE		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 452 PARKER PLACE, GLEN MILLS, PA. 19342		
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EARLANDO SAMUEL 207 PARKER PLACE GLEN MILLS, PA. 19342		
		Number of process to be served with this Form 285	1
		Number of parties to be served in this case	10
		Check for service on U.S.A.	


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold

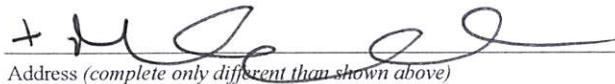
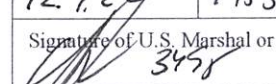
Fold

PROPERTY MANAGEMENT OFFICE - OFFICE OPEN ON MONDAYS, WEDNESDAYS AND FRIDAYS 10-3

PHONE CALLS TO OFFICE ARE NOT ANSWERED BY A PERSON BUT ARE RE-DIRECTED TO A COMPANY VOICEMAIL

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 610 241 7537	DATE 11-08-2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>10</u>	District of Origin No. <u>64</u>	District to Serve No. <u>64</u>	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above <i>(See remarks below)</i>					
Name and title of individual served <i>(if not shown above)</i> 				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address <i>(complete only different than shown above)</i>				Date <u>12.9.22</u>	Time <u>1453</u> <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 0

REMARKS: 1st EA) 11-28-22 1130 No Act

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED